

| FOR OFFICE USE ONLY | |
|---------------------|--|
| CASE NO.: | |
| DATE SUBMITTED: | |

WRITTEN INTERPRETATION

| MINIMUM SUBMITTAL REQUIREMENTS: | | |
|--|--|--|
| Filing Fee of \$45. Application completed in full. The Zoning Official shall inform the applicant of any extra materials or additional information needed. | | |
| APPLICANT'S INF | FORMATION: | |
| Name | | |
| | City | |
| State | Zip Code E-Mail Address | |
| Phone Number | Fax Number | |
| Specific Section: | | |
| Interpretation requ | ested: | |
| Reason/Explanation | on for Written Interpretation Request: | |
| | prepared this application and certifies that the facts stated herein and exhibits attached rrect and complete. | |

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